

**City of Albuquerque**  
**Department of Family & Community Services**  
**Division of Behavioral Health and Wellness**  
**Request for Proposals from Non-Profit or Governmental Agencies for**  
**Social Services and Behavioral Health Services for Fiscal Year 2021**

**RFP Number: RFP-DFCS-BHW-19-02**

**REQUEST FOR PROPOSALS**

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**1.0 Background**

The City of Albuquerque has established priorities for funding and they include the following goals:

**Goal 1:** Human and Family Development: People of all ages have the opportunity to participate in the community and economy and are well sheltered, safe, healthy, and educated.

**Goal 2:** Public Safety: The public is safe and secure, and shares responsibility for maintaining a safe environment.

The Department of Family and Community Services mission is to provide quality health and social services, housing, recreation and education to improve the quality of life for the entire Albuquerque Community.

In addition, the Department of Family and Community Services has established a priority to fund projects that address the Social Determinants of Health to achieve greater well-being and equity for all. Substantial evidence confirms the link between social, economic and physical conditions and health outcome disparities. Social Determinants of Health include access to healthcare services, availability of services to support housing and behavioral health stability, lifelong education options, public safety and social services<sup>1</sup>.

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<sup>1</sup> U.S. Department of Health and Human Services. Healthy People 2020 “Social Determinants of Health.” 2015

The City of Albuquerque Department of Family and Community Services adopted a process to solicit and review project proposals through the promulgated rule update October 10, 2019, as specified in the [Social Services Contracts Procurement Rules](#). Funds for projects in this RFP are subject to final approval of the City Council and availability of City General Funds and where applicable, receipt of state and/or federal grant funds.

## **1.1 City Acknowledgement of Federal Funding**

A contract awarded pursuant to this RFP will include federal funds as follows: (1) 0% (\$0) of the total program or project costs financed with federal funds, and (2) 0% (\$0) of the total costs financed by non-governmental sources. If the percentage of federal funds that makes up the total program or project costs is greater than 0%, please prepare and attach APPENDIX #13.

## **2.0 Purpose**

The purpose of this Request for Proposals (RFP) is to solicit effective proposals from qualified non-profit organizations interested in providing services for persons experiencing homelessness, a social service need, and/or behavioral health issues through implementing a variety of services discussed in this RFP. These services - Support Services for the Persons Experiencing Homelessness; Crisis Services to Children who have been Abused, Neglected, and Abandoned; Food Distribution Services to Persons Experiencing Homelessness and/or of Low to Moderate Income; Provide Behavioral Health Services to the Urban Native American Indian Population; School-Based Substance Abuse Outpatient Treatment Services for Middle School-Age Youth; and Supportive Housing and Case Management for Persons who have a Behavioral Health Diagnosis and are Experiencing Homelessness or are Precariously Housed specific to the City/County Community Connections Program are intended to 1) Increase Behavioral Health Stability, 2) Increase Housing Stability, 3) Increase Public Safety, 4) Increase Individual and Family Resilience.

Proposals will be accepted until **4:00 pm on Tuesday, November 26, 2019**, and are to be submitted to:

Office of the City Clerk  
Plaza del Sol  
600 2nd Street NW  
7th floor  
Albuquerque, NM 87102

## **3.0 Administrative Requirements**

Potential responders to this RFP are strongly advised to become familiar with the content of the most current version of the publication entitled "[Administrative Requirements for Contracts Awarded under the City of Albuquerque, Department of Family and Community Services Social Services Program](#)" (hereinafter referred to as the "*Administrative Requirements*"). The publication contains uniform administrative rules for contracts awarded pursuant to the Department's Social Services Program. Contractors are expected to understand and comply with all applicable rules contained within the publication.

The *Administrative Requirements and Procurement Rules* are available online on the Department's website at <https://www.cabq.gov/family/documents/administrative-requirements-coa-family-and-community-services-july-2019-noosp.pdf>. A printed copy can also be obtained, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

Certain priority areas detailed below may also be required to comply with applicable sections of the most recent version of the *Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services* (hereinafter referred to as the "*Minimum Standards*"), depending on the proposal. Contractors are expected to understand and comply with all applicable rules contained within the publication. A printed copy can also be obtained, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

## **4.0 Outcome Measures and Scope of Work**

### **4.1 Outcome Measures**

The City of Albuquerque is focused on improving the well-being of all people and has identified racial equity as a priority goal to address longstanding, racially disparate economic and social outcomes. In addition, the Department of Family and Community Services prioritizes investment in services that can demonstrate improved outcomes related to the customer's needs.

The City of Albuquerque Department of Family and Community Services is committed to providing cost effective services that will improve the well-being of participants and Albuquerque as a whole. Respondents will be required to participate in evaluation activities that will be designed to protect individual privacy and aligned with the service delivery.

The Department of Family and Community Services has established a priority to fund projects that lead to improved outcomes to 1) Increase Behavioral Health Stability, 2) Increase Housing Stability, 3) Increase Public Safety, 4) Increase Individual and Family Resilience, and 5) Seniors are Able to Age with Dignity. This involves a focus on addressing the Social Determinants of Health to achieve greater well-being and equity for all. Substantial evidence confirms the link between social, economic and physical conditions and health outcome disparities. Social Determinants of Health include access to healthcare services, availability of services to support housing and behavioral health stability, lifelong education options, public safety and social services<sup>2</sup>. Entities contracting with the Division of Behavioral Health and Wellness may be expected to collect Social Determinants of Health data in a uniform manner to inform the City and public on unmet needs that need attention and aggregate progress of city-funded services.

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<sup>2</sup> U.S. Department of Health and Human Services. Healthy People 2020 "Social Determinants of Health." 2015

## **Explanation of Outcomes**

**Increased Behavioral Health Stability:** People who have otherwise experienced substance use and/or mental health disorders are actively engaged in services that address their identified needs and have reduced or eliminated the utilization of crisis services, are able to maintain employment and have increased daily functioning in the community and at home.

Possible indicators of progress during the service period may include:

- Progress on individual treatment plans
- Progress and completion of education and/or training
- Increase of stable employment and income
- Obtainment of supportive housing with case management
- Reduction of crisis events and utilization of crisis services (metrics include 911 calls, emergency and inpatient hospital use, detox services, or interactions with the criminal justice system).

**Increased Housing Stability:** People who have otherwise been precariously housed or experienced homelessness maintain residence in a safe and affordable dwelling.

Indicators of progress during the service period may include:

- Successful placement in housing
- Retention of housing for 6, 12 and 18 months after placement
- Retention in a housing program and/or exit to permanent housing
- Obtainment of affordable housing (e.g., 30% or less of total household income)
- Reduction of homeless events as measured by data collection systems and use of emergency shelters

**Increased Public Safety:** Through engaging in prevention and intervention programs, participants gain skills, knowledge and support in order to reduce the incidence of violence and adult and/or juvenile criminal justice system involvement.

Indicators of progress for participants during the service period may include:

- Increase in employment and educational attainment
- Reduced perpetration of violence
- Increase in skills for constructive conflict resolution practices in lieu of violence
- Reduction in the number of suspensions/expulsions from school
- Reduction in the number of youth dropping out of school
- Increase in compliance with juvenile time waivers, adult probation and/or parole
- Reduced involvement with the criminal justice system for participants otherwise arrested, incarcerated or court involved

**Increasing Individual and Family Resilience:** Individual and family resilience refers to the functioning of the individual/family system in dealing with adversity.<sup>3</sup> The individual/family becomes able to withstand and rebound from disruptive life challenges, becomes strengthened and more resourceful.

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<sup>3</sup> Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible, By Froma Walsh PhD, University of Chicago; [Family Process](#) 55(4):616-632 · December 2016 DOI: 10.1111/famp.12260

Indicators of progress during the service period may include:

- Increase in family employment and income
- Increase in food security
- Increase in pay equity
- Reduction of domestic/family violence or maltreatment
- Increase of community services such as out-of-school-time enrichment activities
- Increase skills and knowledge around gun safety

**Seniors are Able to Age With Dignity:** Vulnerable seniors access and utilize the appropriate care and support resources of their choice so they are can age in place and maintain health, safety, independence and dignity. Seniors maintain connection to their community and access services that support their health and well-being.

Indicators of progress during the service period may include:

- Increase/maintain access to home-based services and supports to age in place
- Reduce/maintain nutritional risk score
- Engage with community services, social events and educational opportunities

## **Community Building**

In addition to the above outcomes, the City is dedicated to helping all our residents and neighborhoods to be their best selves. Contractors are expected to engage with the community and build productive relationships with their neighbors as they provide services to improve outcomes for all of Albuquerque. Examples include, but are not limited to, joining the local Neighborhood Association, updating neighbors on services and progress, maintaining their surroundings as clean and litter free, reminding participants to maintain respect of the neighborhood and promptly responding to any 311 inquiries.

## **4.2 Scopes of Services**

This request for proposals is focused on filling service gaps for people experiencing behavioral health issues and social service needs.

In order to effectively address these service needs, Offerors must demonstrate a connection between the proposed activities and outputs to the identified outcomes, and define metrics and measurement tools to reliably assess progress toward achieving the identified outcomes.

The proposed project may be required to work collaboratively with other entities as identified and requested by the City.

### **4.2.1 Support Services for the Persons Experiencing Homelessness**

The Department will allocate \$58,440 for services that will provide morning, afternoon and evening meals for persons experiencing homelessness or other very low-income populations. Services under this contract may include, but not be limited to, (1) outreach services to ensure that persons experiencing homelessness are aware of the availability of meals at specific

location(s); (2) actual provision of meals to persons experiencing homelessness or other very low-income persons; and (3) ensure access and availability of information regarding other services for persons experiencing homelessness. Payment of services shall be based on a “Unit of Service” reimbursement. The Offeror shall propose a “per meal” cost.

The City’s Westside Emergency Housing Center (WEHC) is open year-round providing emergency shelter services to individuals and families with children. If applicable, please describe in your Offer how you will collaborate with the WEHC to ensure that emergency housing residents have access to the services described in your proposal.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of best practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.2.2 Crisis Services to Children who have been Abused, Neglected, and Abandoned**

The Department will allocate \$96,830 for the provision of innovative, promising and evidence-based services that are not Medicaid reimbursable in full, to children and families who have experienced abuse, neglect and/or abandonment. Services in this program should include, but not be limited to, (1) providing crisis services to children who have been abused, neglected, and abandoned, (2) providing support and counseling to children and their families in cases of suspected sexual abuse or severe physical abuse, and (3) providing case management to families experiencing abuse and neglect. The proposal must include best practices for this specific population. The proposal must demonstrate clearly how the agency will leverage Medicaid Funds to cover the cost of services.

Successful respondents detail how their agency will implement a promising or evidenced-based practice in their program design and how they will demonstrate significant impact/improvements for the target population identified.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of best practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.2.3 Food Distribution Services to Persons Experiencing Homelessness and/or of Low to Moderate Income**

The Department will allocate \$208,680 for food distribution services, measured in pounds, to persons experiencing homelessness, other very low- to moderate-income persons, or to organizations that provide meals and food packages to the aforementioned populations in Albuquerque. Services under this contract may include, but not be limited to, (1) food delivery to emergency food pantries, soup kitchens, daycare centers, and emergency shelters serving persons experiencing homelessness and/or of low to moderate income, and (2) food delivery directly to the person(s) experiencing homelessness and/or of low to moderate Income. Payment of services shall be based on a “Unit of Service” reimbursement. The Offeror shall propose a “per pound” cost.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of best practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.2.4 Provide Behavioral Health Services to the Urban Native American Indian Population**

The Department will allocate \$203,800 for culturally relevant behavioral health services to low- and moderate-income “Urban Native American Indians” defined as Native American Indians who are living in Albuquerque. Behavioral Health Services provided should include, but not be limited to, (1) administering an evidenced based behavioral health assessment, (2) group and individual counseling; (3) family education and counseling; (4) case management; and (5) referral to supportive services. Additional services in this program should include, but not be limited to, (1) provide assistance in securing needed social and support services to improve quality of life; and (2) receiving referrals from community partners for needed support services. Successful applicants will conduct outreach specifically to urban Native Americans. The proposal must include how the agency will leverage Medicaid Funds to cover the cost of services, and clearly delineate how City funds are not used to supplant Medicaid funds. The proposal must also indicate how \$10,000 of the allocated dollars will go to support the salary of the City’s Native American Liaison.

Successful respondents detail how their agency will implement promising or evidenced-based practices in their program design and how they will demonstrate significant impact/improvements for the target population identified. The successful respondent will adhere to the Department’s *Minimum Standards*.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of best practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in

stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.2.5 School-Based Substance Use Outpatient Treatment Services for Middle School-Age Youth**

The Department will allocate up to \$187,500 for school-based substance use outpatient treatment services for middle school-age youth. Services in this program should include, but not be limited to: (1) administering an evidenced based substance use/behavioral health assessment, (2) referral to other treatment services; (3) group and individual counseling; (4) family education and counseling; (5) case management; and (6) referral to supportive services. The successful respondent will adhere to the Department's *Minimum Standards*. The successful respondent will detail the relationship with Albuquerque Public Schools or Charter schools to provide services at an area middle school, including a Memorandum of Understanding. The proposal must include how the agency will leverage Medicaid Funds to cover the cost of services, and explicitly detail how Medicaid is utilized, and how the City funds are used to bolster services.

Successful respondents detail how their agency will implement a promising or evidenced-based practice in their program design and how they will demonstrate significant impact/improvements for the target population identified.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of best practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.2.6 Supportive Housing and Case Management for Persons who have a Behavioral Health Diagnosis and are Experiencing Homelessness or are Precariously Housed specific to the City/County Community Connections Program**

The Department will allocate up to \$423,000 for the provision of supportive housing and case management for persons who are homeless or precariously housed AND have a behavioral health diagnosis who are criminally justice involved, to a minimum of thirty (30) persons. Successful respondents will be part of the Community Connections program which is a unique collaboration between the City of Albuquerque and Bernalillo County. The Department of Behavioral Health with the County will house this project on behalf of the County. The Division of Behavioral Health and Wellness (DBHW) of the Department of Family and Community Services will house the project on behalf of the City. Both entities will separately fund housing and services but will coordinate closely to ensure that the program is one cohesive program with a combined intake process and an equivalent level of services. The County Project Manager will oversee the overall project but will coordinate closely with the City DBHW Division Manager to ensure that the program is operating consistent with City goals and objectives. The County



Intake Coordinator will serve as a gatekeeper so that participants are referred systematically to providers only as they have the capacity to receive them.

Case management shall include an array of wrap around services as appropriate to client needs identified in individual service plans, to be provided by the applicant or in partnership with other agencies. Supportive Case Management services should include, but not be limited intensive case management in range of 1 – 10 to 15; individual and group therapeutic treatment; life skills training; vocational assistance where appropriate; access to medical and psychiatric health care as well as medication when appropriate; access to public benefits; and support in maintaining stable housing through the duration of the funding period. Successful applicants will describe how case managers will connect with and follow through with relevant referrals to community-based services, and describe a plan to ensure all participants have an opportunity to complete a common assessment for the Coordinated Entry System and VI-SPDAT) while receiving outreach services under this contract. The proposal should detail the treatment or service planning process including documentation of treatment or service plan and client participation

The Housing entity selected will oversee the housing for City funded units, providing support in maintaining stable housing such as close collaboration with Case Management and offering support services to assist in voucher and housing retention. Those entities will ensure that valid leases are in place, that deposits are paid, that appropriate inspections are completed, that the program funded portions of leases are paid, and that leases are closed out when completed.

Community Connection service providers are expected to have a discrete program identified as the program funded under this initiative and identified as an alternative to incarceration program. The programs has specific policies and governing principles, the *Community Connections Supportive Housing Program High Utilizers of Emergent Services and Jail Re-entry Policy and Procedure*, that can be provided to interested applicants. Outcome measures will be reported for this specific program. The programs should incorporate best practices for the specific population of individuals exiting incarceration.

Successful respondents will provide a supportive community with individualized, strength based, client driven and holistic approach to services, and will ensure that basic needs of the clients are met including access to food and clothing, as well as ensuring that clients are assisted in obtaining any public benefits to which they are entitled. Successful respondents will also participate in the collection of data identified as needed to properly evaluate outcomes of the program including re-arrest, hospitalization, access to benefits, income level, primary care utilization, school or vocational programming, and CYFD referrals. Successful respondents are expected to participate in monthly meetings of a collaborative comprised of service providers and stakeholders participating in this program.

In addition to the other proposal requirements listed, the proposal shall include information that that will allow evaluation of the Contractor's capability to achieve the stated goals and objectives of the proposed program. Successful proposals will describe the target population including constellation of needs and barriers to successful reintegration from incarceration. The proposal should include how the program will alleviate the problem or address the needs and barriers and will discuss the proposed approach to supporting clients in meeting any court imposed requirements and the process for determining service needs and barriers of clients. Both the housing and the case management should detail the process for long term planning and access to

permanent housing, and the collaborative efforts to utilize services of other providers to meet the needs of clients. The proposal submittal should clearly state relevant experience of the agency in serving the target population, specifically relevant experience of the agency in working with the criminal justice system and individuals involved in the criminal justice system. The proposal must describe relevant experience in collaborating with other community providers to provide a comprehensive array of services to clients, and ability to leverage resources to maximize the use of county and City funding including the ability to bill Medicaid or Medicare or utilize other agency resources.

The proposal should demonstrate the evidence and/or logic of how proposed activities will lead to improved outcomes and describe the use of practices that might include trauma informed care, harm reduction, a person-centered approach, and community collaboration. Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome (such as a decrease in stress symptoms, improved psychological functioning, and/or improvement of the Social Determinants of Health for the clients served).

#### **4.3 Service Period**

Services funded by this RFP are to commence July 1, 2020 and continue through June 30, 2021.

### **5.0 Eligible Responders**

#### **5.1 General Eligibility**

An agency which is a unit of state or local government and/or an agency currently incorporated as a nonprofit corporation, duly registered and in good standing with the State of New Mexico Secretary of State, which has not-for-profit status under 501(c)(3) of the U.S. Internal Revenue Service Code and which has demonstrated capability in providing the services for which it is applying is an eligible responder for award of a contract pursuant to this RFP. Basic eligibility requirements are identified in the [Administrative Requirements for Contracts Awarded Under the City of Albuquerque Department of Family and Community Services](#) (*Administrative Requirements*), § 10 (A)(1). Ineligible entities as defined in Section 7 (C) of the [Social Services Contracts Procurement Rules](#) of the Department are restricted from submitting a proposal. A copy may be downloaded at <https://www.cabq.gov/family/partner-resources/request-for-proposals> or a printed copy may be obtained Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, 400 Marquette NW, Albuquerque, New Mexico 87102.

#### **5.2 Limitations on Assistance to Primarily Religious Organizations**

Contractors are required to assure that no funds awarded through the program will be used for sectarian religious purposes. Independent, not-for-profit entities established by primarily religious organizations, however, may be assisted as long as: a) there is no religious test for admission for services; b) there is no requirement for attendance at religious services; c) there is no inquiry as to a client's religious preference or affiliation; d) there is no proselytizing; and e)

services provided are secular and non-sectarian. *See Administrative Requirements*, § 10 (C) (4) (c). This provision does not prohibit a primarily religious organization from carrying out the eligible activities as long as such activities are carried out in a manner free from religious influences pursuant to conditions prescribed in the Representations and Certifications form (Appendix #8) attached to this RFP and required as an attachment to the responder's proposal.

### 5.3 Cultural Equity

The City of Albuquerque has identified racial equity as a priority goal to address longstanding, racially disparate economic and social outcomes. Local government dollars used for contracting, consulting and procurement should benefit the communities in proportion to the demographics in our community. Responder organizations must address how their proposal will contribute to addressing racial inequities by describing: (1) the demographics of the leadership of their organization; (2) the demographics of the proposal's beneficiaries as specifically as possible; and (3) any racial/cultural equity practices, programs or initiatives of the organization that expand opportunities and encourage inclusivity to otherwise underserved populations.

### 5.4 Preferences for City Local, Small and/or Veteran-Owned Businesses and Pay Equity

According to City Ordinance Article 5 R.O.A. 1994 Public Purchases Ordinance, scoring preferences may be available for this procurement. Please refer to the form found online at <https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility-final.pdf/view> and attached as Appendix #14 of this RFP for additional information on how to certify for a maximum of 10% preference in Scoring Criteria in Section 9 of this RFP. **Please Note: preference points are NOT available for any solicitation for which all or a part of the funds used are from federal grant sources.**

If eligible, an Offeror may apply for a 5% Small Business Preference, a 5% Local Business Preference, a 5% State Resident Business Preference, a 5% Pay Equity Preference and/or a 5% State Resident Veteran Business Preference (collectively the latter two, "State Preference") up to a maximum of 10%. To qualify for a maximum of 10% preference points, an Offeror MUST complete and attach the Vendor Preference Affidavit of Eligibility WITH ITS OFFER. For a Pay Equity Preference, the City Pay Equity Business Certificate MUST also be attached. For State Preference the New Mexico State certification of eligibility MUST be attached. If a Proposal is received without this Preference Certification Form and any required certifications attached, completed, signed and certified, or if this Preference Certification Form is received without the required information, the preference shall not be applied. NO FORM SHALL BE ACCEPTED AFTER THE DEADLINE FOR RECEIPT OF BIDS OR PROPOSALS.

To qualify for the small business or local business preference, a business must have its principal office and place of business in the Greater Albuquerque Metropolitan Area. The business location identified on the Preference Certification Form must be a physical location, street address, and may not use a post office box or other postal address.

To qualify for a pay equity preference, the business must maintain a deviation of 10% or less between the salaries paid to men and the salaries paid to women for comparable positions. The Pay Equity Reporting form must be submitted by each Offeror as prescribed under § 5-5-31(A) of the Albuquerque Code of Ordinances, Article 5: Public Purchases. A business that maintains

pay equity as defined therein, or that holds a valid Pay Equity Business Certificate issued by the City's Office of Equity and Inclusion.

## **5.6 ADA Compliance**

Contractors must agree to meet all the requirements of the Americans with Disabilities Act of 1990 (ADA), and all applicable rules and regulations which are imposed directly on the Contractor or which would be imposed on the City as a public entity. The Contractor must agree to be responsible for knowing all applicable requirements of the ADA.

## **5.7 Additional Requirements**

### **a. Personnel Policies:**

Organizations applying for a contract under this solicitation must have a written set of personnel policies and procedures that have been formally adopted by its governing board. This document must specify policies governing terms and conditions for employment; compensation and fringe benefits; holidays, vacation and sick leave; conflict of interest; travel reimbursement; and employee grievance procedures.

### **b. Conflict of Interest Policies:**

Organizations submitting proposals under this solicitation must have in force a written conflict of interest policy that at a minimum:

(1) Applies to the procurement and disposition of all real property, equipment, supplies, and services by the agency and to the agency's provision of assistance to individuals, businesses, and other private entities.

(2) Provides that no employee, board member, or other person who exercises any decision making function with respect to agency activities may obtain a personal or financial benefit from such activities for themselves or those with whom they have family or business ties during their tenure with the agency or for one year thereafter.

### **c. Accounting Policies:**

Responder organizations must have in place a set of financial, accounting, and procurement policies and procedures that meet the standards established by the City in the *Administrative Requirements*, §13, Accounting for DFCS Social Services Contract Funds.

### **d. Active Board:**

Nonprofit responders must be able to document that its governing board is constituted in compliance with approved bylaws and that it actively fulfills its responsibilities for policy direction, including regularly scheduled meetings for which minutes are kept. The organization must verify board compliance with the City Open Meeting ordinance ROA, 1994, §2-5-1, et. seq.

### **e. Nepotism:**

The organization shall not employ "immediate family" or any "close relative" of any board member, officer or managing employee and shall not employ any two people who are

immediate family or close relatives of each other. *See* definitions contained in the *Administrative Requirements*, § 10 (A)(3)(c).

**f. Background Checks:**

If the Social Services provided require the contractor selected through this RFP to work with or be in proximity to children, or other vulnerable populations, the contractor will not employ any person or volunteer who is registered as a sex offender in any United States jurisdiction, or who has a criminal background unacceptable to the City. The contractor shall ensure that all its employees, interns and volunteers directly involved in performing services have been screened for a criminal background and reference checks, fingerprinting, and interviews. *See Administrative Requirements*, § 10 (A)(2).

**g. Reporting Requirements**

The final contract between the successful responder(s) and the City will contain specific reporting requirements that include, but may not be limited to, quarterly program data and data regarding outcomes for program participants. A critical component of initiatives funded through the City of Albuquerque, Department of Family and Community Services will be a rigorous evaluation to determine program success and cost-effectiveness. Selected Offerors must comply with participant data reporting requirements conducted by the City or evaluation and research partners as part of ongoing evaluation activities.

## **6.0 Eligible Beneficiaries**

Programs supported, in whole or in part, with funding awarded as a result of this RFP must be targeted to residents of Albuquerque and the larger Metropolitan Area.

**a. Income:**

Programs should target those whose annual family incomes are at or below 80% of the median family income for the Albuquerque Metropolitan Statistical Area (MSA) as established by the U.S. Department of Housing and Urban Development, unless otherwise specified.

**b. Programs Serving Lower Income Populations:**

Support may be made to available programs, services, and activities that do not require all participants to meet an income test, if it can be demonstrated that support of such activities offers the most efficient and expeditious means of serving the eligible population, and if at least 70% of those served meet the income test.

**c. Critical Emergency Needs:**

Services designed to meet critical emergency needs such as rape crisis assistance, assistance to victims of domestic violence, assistance to abused and neglected children, the homeless, and the like, need not meet an income test.

**d. Other Characteristics:**

Specific characteristics, such as persons with disabilities, senior citizens or other individual requirements applicable to specific funding sources.

**e. Community Development Strategy Areas:**

Certain public facilities improvement activities which contribute to the development of local communities must be targeted primarily to benefit designated Community Development Strategy Areas.

## **7.0 Technical Assistance**

It is the responsibility of the Offeror to stay up to date with any clarifications to this RFP that may be posted on the Department website - [Request for Proposals Page](#), including addenda and information materials. Technical assistance will be provided at the written request of responder agencies by the City of Albuquerque Department of Family & Community Services' Community Outreach Coordinator, Sandra Archuleta, at [saarchuleta@cabq.gov](mailto:saarchuleta@cabq.gov) up until seven calendar days prior to submission deadline. Responses to questions in writing will be posted on the Department website.

An **optional** pre-proposal meeting is scheduled for **Wednesday, October 30, 2019 from 2:30-4:00 p.m.** at the following location.

City Council Committee Room  
Room #9081  
9<sup>th</sup> Floor  
New City Hall  
One Civic Plaza  
Albuquerque, NM 87102

## **8.0 Instructions for Completing Applications**

### **8.1 Proposal Format**

The proposal should be completed and assembled as indicated below. Appendices or non-required attachments including letters of endorsement, agency brochures, or news clips may be included if copied onto 8 1/2" x 11" paper. To expedite handling, please do not use covers, binders, or tabs. Please paginate and collate.

### **8.2 Cover Sheet**

Responders must use the attached Proposal Summary and Certification Form (APPENDIX #1) as a cover sheet for their proposals. An authorized official of the governmental agency or of the policy board of a non-profit agency to whom agency staff are responsible must sign the form.

### **8.3 Project Narrative**

The project narrative, not including attachments, shall not exceed 13 typed, double-spaced, 8 1/2" x 11" pages, with 12 point font. The work plan in table format will not be counted in the 13-page limit. The narrative should be prepared according to the format outlined below.

#### **1) Summary of Proposed Project Objective**

Provide a succinct and clear **paragraph** that summarizes:

- a) Agency name

- b) Requested amount per contract year
- c) Sum of proposed services/activities.
- d) Evidence/logic based service model
- e) Target population(s)
- f) Anticipated impact/outcomes that result from the services for the target population (as described in Section 4.0, for the target population).
- g) How the proposed project will contribute to reducing inequities and increase inclusion and opportunities for otherwise underserved population(s).

## **2) Comprehensive explanation of Project Purpose, Target Population(s) and Service Delivery:**

Provide a comprehensive explanation of the project design.

- A. Describes proposed services/activities that would be provided to each target population, including:
  - a) Rationale (evidence/logic basis) for the effectiveness of the proposed service model and practices to facilitate meaningful impacts and lead to improved outcomes for the specific target population(s).
  - b) Proposed practices (for instance, trauma-informed care, harm reduction, a person-centered approach, community collaboration, etc.) and how they facilitate client progress to stated outcomes;
  - c) How proposed services address unmet needs/service gaps in the community, justified with local/applicable data;
  - d) Overlaps/synergies with other services in the community
- B. Provide a comprehensive explanation of how project implementation will yield outcome results, including, as applicable:
  - a) Identify at least two of the outcomes described in Section 4.0 that the Offer will impact with proposed services/activities.
  - b) Methods to conduct outreach to recruit and retain otherwise underserved populations to increase equity and access to opportunity.
  - c) Methods to maintain a consistent level of client engagement;
  - d) If applicable – Recommended frequency and duration of client engagement to support client progress/achievement of outcomes
  - e) If applicable - Evidence basis of exposure to the service/activity needed to attain the specified impacts/outcomes.
  - f) If applicable - Typical tiers of service (e.g., intensity and duration that may vary during contract year for case management)

## **3. Measuring Progress:**

- a) Propose measurable outcomes, measurable indicators of progress for achieving the selected outcomes.
- b) Specify measurement tool and the evidence/logic that it will reliably report progress to selected outcomes.
- c) Describe the process to accurately collect, analyze and report the data of activities, outputs, indicators of progress and outcomes.

- d) Describes the process and schedule for monitoring the quality of project activities, methods and how continuous quality improvement will be incorporated.

#### 4. Proposed Work Plan

Provide a clear description of the intended work plan in the format provided in APPENDIX #7 along with a narrative explanation to describe the proposed scopes of work. The Work Plan in the Appendix #7 format will not be counted in the Narrative page limit.

##### Work Plan Table Format in Appendix #7

Brief Project Description:					
Major Project Services /Activities / Sub Activities	Timeframe	Outputs (Participants) to serve with Requested City Funds	Outcomes	Outcome Progress Indicator	Measurement Tool(s)

Work plan will not count in the 13-page narrative limit

Illustrate the services that will be provided as a result of the proposed City funding by describing the activities, timeframe, number of participants/units of service (outputs), linkage to improved outcomes, and indicators that verify progress toward outcomes, and the measurement tool to track progress to outcomes.

Work plans will be evaluated and scored based on how the Offeror:

- a. Work Plan directly informs the potential scopes of services if Offer is selected.
- b. Work Plan narrative and chart explain major project services to be performed using the requested City budget;
  - i. Activities/sub-activities/units of services to be provided
  - ii. Time frame to offer each activity/service
  - iii. Specific number of participants (outputs) for each major activity/service - aligned with requested City funds;
  - iv. Connection of activities/services to improved outcomes (e.g., client impacts)
  - v. Outcome progress indicator (selected from list or other suggested indicator)
  - vi. Measurement tool(s)
- c. Work Plan is clearly connected with proposed budget:
  - i. Evidence that City funds will be invested in personnel and activities that can demonstrate produce stated outcomes
  - ii. Evidence-basis/logic of proposed package of services and their link to outcomes
  - iii. The cost per service unit is a cost effective investment of City funds

#### 5. Organizational Capacity: Service Delivery Capabilities

Describe how the agency/organization will effectively implement project activities and reach output and outcome goals.



- a. Describe how proposed services/activities complement existing programs that are/plan to be operated by the Offeror.
- b. Describe collaborative partnerships to support participant success.
- c. As applicable, provide copies of pertinent MOUs or CWAs describing collaboration with partner agencies.
- e. Identify the job title and role of agency staff/contractors that will conduct key activities.
- f. Attach job descriptions and résumés that match the above identified roles that will provide the services and activities
- g. Identify current staff who fill those positions as applicable.
- h. As applicable, describe how the program will engage clients in major systems such as Medicaid, the Coordinated Entry System (CES), etc.

**6. Organizational Capacity: Past Performance**

- a) If the agency has had a contract with the City providing similar services in the past three years, performance will be scored based on program delivery meeting/exceeding output and outcome goals; and the presence/absence of monitoring findings/critical concerns.
- b) If the agency did not have a contract with the City providing similar services in the past three years, prospective ability to deliver on the proposed services will be justified by demonstration of agency and staff operation/delivery of services and activities similar to those contained the Offer.

**7. Demonstrates ability to expend City funds in a fiscally responsible manner**

- a) Budget forms are complete and provide adequate detail to convey the planned expenditure of City funds to support proposed services.
- b) Provides full picture of agency budget and how requested City funds fit in the overall context of the operating budget.
- c) Clearly represents the complementary/leveraged funds that may provide services to a larger population beyond the number that can be served with the requested City funds.
- d) Aligns the requested City funds to the work plan
- e) Proposed budget allocations for services and staff are reasonable
- f) Proposed budget for administrative costs is reasonable
- g) Overall cost per service unit is reasonable
- h) Demonstrates appropriate level of financial capacity to meet the Department's Administrative Requirements and reporting requirements.
- i) Audit results/financial documentation provide evidence of financial responsibility
- j) If the Offeror has had a contract with the City in the past three years, the past fiscal performance has met City requirements.

**8. Preference Points** (up to 10% of total for non-federally funded contract Offers), Preference points are described in Section 5.4 and in links shown below. **Please note: no preferences shall be applied if federal funds support the Offer.**

Form instructions are found online at: <https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility-final.pdf/view>

And Vendor Preference Point Form is found online at:

<https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility-final.pdf/view>

## **8.4 Project Budget**

The responder must submit a complete budget on the attached forms (APPENDIX #2-APPENDIX #6) OR using the forms provided in Excel online at <https://www.cabq.gov/family/documents/fiscal-forms-cabq-fy20-excel.xlsx>

## **8.5 Insurance Requirements**

All contractors selected pursuant to this RFP will be required to procure and maintain, through the life of each of their contracts, a commercial general liability and an automobile liability insurance policy each with liability limits in amounts not less than \$1,000,000 per occurrence and in the aggregate. If any part of the contract is sublet, the contractor must include the subcontractor in its coverage or require the subcontractor to obtain all necessary coverage. Policies must be written by companies authorized to write such insurance in the State of New Mexico.

Policies must include coverage for all operations performed for the City by the contractor, coverage for the use of all owned and all non-owned hired automobiles, vehicles, and other equipment both on and off work, and contractual liability coverage shall specifically insure the hold harmless provision of the contract. The City must be named an additional insured on commercial general liability and the policies must provide that 30 days written notice will be given to the City before a policy is canceled, materially changed, or not renewed.

The contractor shall ensure that all staff for whom professional liability is required by their licensing agent, including but not limited to, professionals providing health and behavioral health services, maintain professional liability insurance, errors and omissions coverage, or other additional coverages the city deems necessary, in amounts not less than required by the New Mexico Tort Claims Act as it is amended from time to time, for single limit of liability per occurrence and for the general aggregate.

The contractor must also comply with the provisions of the Worker's Compensation Act, the Subsequent Injury Act, and the New Mexico Occupational Disease Disablement Law.

During construction, if any, a contractor must maintain Builders Risk Insurance in an amount equal to the full construction cost to cover the construction work for fire, theft, extended coverage, vandalism and malicious mischief.

If, during the life of the contract, the Legislature of the State of New Mexico increases the maximum limits of liability under the Tort Claims Act (Section 41-4-1 through 41-4-27 NMSA 1978), the City may require the contractor to increase the maximum limits of any insurance required.

Proof of insurance is not a requirement for submission of a proposal, but responders should be aware that no work may begin under a contract funded through this program until the required insurance has been obtained and proper certificates (or policies) are filed with the City. Before

submitting a proposal, the agency should contact its insurance agent to determine if it can obtain the required coverage.

## **8.6 Other Assurances**

### **a. Compliance with Civil Rights Laws and Executive Orders**

Contractors are required to comply and act in accordance with all federal laws and Executive Orders related to the enforcement of civil rights. In addition, recipients will be required to comply with all New Mexico State Statutes and City of Albuquerque Ordinances regarding enforcement of civil rights (APPENDIX #8).

### **b. Assurance of Drug Free Facilities**

Applicants for funding must submit an assurance that they will administer a policy designed to ensure that the assisted program is free from the illegal use, possession or distribution of drugs or alcohol by its staff and beneficiaries (APPENDIX #10).

### **c. Certification of Receipt of Administrative Requirements**

Applicants for funding must submit a certification signed by an authorized board official and the organization director of receipt and adherence to the [\*Department Administrative Requirement for Social Services Contracts\*](#).

### **d. Audit Requirements**

Contractors who expend \$750,000 or more of federal funds during the year must have an audit conducted in accordance with the Federal Government's Office of Management and Budget Circular A-133 as amended. The audit shall be made by an independent auditor in accordance with generally accepted government auditing standards. Contractors who receive \$25,000 or more in funding from the City, and who do not fall under A-133, must have a financial statement audit conducted by an independent auditor in accordance with generally accepted auditing standards. If the contractor is not subject to this requirement because it has not previously had a contract with the City, the Contractor must provide Form 990. Additional audit requirements are set out in the *Administrative Requirements*.

### **e. Goods Produced Under Decent Working Conditions**

It is the policy of the City not to purchase, lease, or rent goods for use or for resale at City owned enterprises that were produced under sweatshop conditions. The responder certifies, by submittal of its proposal in response to this solicitation, that the goods offered to the City were produced under decent working conditions. The City defines "under decent working conditions" as production in a factory in which child labor and forced labor are not employed; in which adequate wages and benefits are paid to workers; in which workers are not required to work more than 48 hours per week (or less if a shorter workweek applies); in which employees can speak freely about working conditions and can participate in and form unions.

## **8.7 Required Attachments**

The Offeror, including all parties to a joint venture or consortium, an individual or a non-profit agency, as applicable, must attach to its Offer, the items listed as Mandatory in Section 11.0. Offerors are encouraged to attach the Preferred items listed in Section 11.0.

**Additionally, include FIVE (5) COMPLETE copies of the following: (1) Project Narrative, and any attachments referenced, (2) APPENDIX #7: Work Program Summary Form, and (3) all Budget Forms.**

## **9.0 Compliance with Social Services Contracts Procurement Rules and Regulations**

Applicants must comply with all applicable procurement rules and regulations, including, but not limited to, the City of Albuquerque Procurement Rules and Regulations for the Department of Family and Community Services, found at:

<https://www.cabq.gov/family/documents/publications/FCS-Social-Services-Procurement-Guidelines-06.pdf>

Applicants should also be guided by the Albuquerque Code of Ordinances, Article 5, which may be found at:

[http://library.amlegal.com/nxt/gateway.dll/New%20Mexico/albuqwin/cityofalbuquerque/newmexicocodeofordinanc?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:albuquerque\\_nm\\_mc\\$anc=JD\\_TopofInfobase](http://library.amlegal.com/nxt/gateway.dll/New%20Mexico/albuqwin/cityofalbuquerque/newmexicocodeofordinanc?f=templates$fn=default.htm$3.0$vid=amlegal:albuquerque_nm_mc$anc=JD_TopofInfobase)

**9.1 Review Criteria:** Proposals will be reviewed based on the criteria that follow in 9.1.1 through 9.1.9. **Please note:** It is acceptable to bid one or on multiple Scopes of Work in Section 4 and that a separate proposal packet must be submitted for each Scope of Work.

### **9.1.1 Summary of Project Proposal Goal: 5 pts.**

Provides a succinct and clear paragraph that summarizes:

- a) Agency name
- b) Requested amount per contract year
- c) Sum of proposed services/activities.
- d) Evidence/logic based service model
- e) Target population(s)
- f) Anticipated impact/outcomes that result from the services for the target population (as described in Section 4.0, for the target population).
- g) How the proposed project will contribute to reducing inequities and increase opportunities for otherwise underserved population(s).

### **9.1.2 Comprehensive explanation of Project Purpose, Target Population(s) and Service Delivery: 20 pts.**

Provides a comprehensive explanation of the project design:

1. Describes proposed services/activities that would be provided to each target population, including:

- a) Rationale (evidence/logic basis) for the effectiveness of the proposed service model and practices to facilitate meaningful impacts and lead to improved outcomes for the specific target population(s).
- b) Proposed practices (for instance, trauma-informed care, harm reduction, a person-centered approach, community collaboration, etc.) and how they facilitate client progress to stated outcomes;
- c) How proposed services address unmet needs/service gaps in the community, justified with local/applicable data;
- d) Overlaps/synergies with other services in the community

2. Provides a comprehensive explanation of how project implementation will yield outcome results, including, as applicable:

- a) Identifies at least two of the outcomes described in Section 4.0 that the Offer will impact with proposed services/activities.
- b) Explains proposed methods to conduct outreach to recruit and retain otherwise underserved populations to increase equity and access to opportunity, and appears reasonable and attainable.
- c) Explains proposed methods to maintain a consistent level of client engagement, and appears reasonable and attainable.
- d) If applicable – Recommended frequency and duration of client engagement to support client progress/achievement of outcomes,
- e) If applicable - Evidence basis of exposure to the service/activity needed to attain the specified impacts/outcomes, and appears reasonable and attainable and in line with the model proposed.
- f) If applicable - Typical tiers of service (e.g., intensity and duration that may vary during contract year for case management), and appears reasonable and attainable.

### 9.1.3 Proposed Work Plan: 25 pts

Work plan proposal scores will be based on the clarity, effectiveness, viability and alignment with all narrative sections and budget.

- 1. Provides a clear description of the activities in relation to participant impacts.
- 2. Illustrates in a chart (using the format provided in APPENDIX #7) and in the narrative, the services that will be provided as a result of the proposed City funding by describing the activities, timeframe, number of participants/units of service (outputs), linkage to improved outcomes, and indicators that verify progress toward outcomes, and the measurement tool to track progress to outcomes.

Brief Project Description:					
Major Project Services /Activities / Sub Activities	Timeframe	Outputs (Participants) to serve with Requested City Funds	Outcomes	Outcome Progress Indicator	Measurement Tool(s)

Work plan will not count in the 13-page narrative limit

#### Work Plan Format (Appendix #7)

- 3. Work Plan directly informs the potential scopes of services if Offer is selected in line with the Scopes of Work proposed.
- 4. Work Plan narrative and chart explain major project services to be performed using the requested City budget;
  - a) Activities/sub-activities/units of services to be provided
  - b) Time frame to offer each activity/service, and appears reasonable and attainable

- c) Specific number of participants (outputs) for each major activity/service - aligned with requested City funds, and appears reasonable and attainable
  - d) Connection of activities/services to improved outcomes (e.g., client impacts), and appears reasonable and attainable
  - e) Outcome progress indicator (selected from list or other suggested indicator)
  - f) Measurement tool(s)
5. Work Plan is clearly connected with proposed budget:
- a) Evidence that City funds will be invested in personnel and activities that can demonstrate produce stated outcomes
  - b) Evidence-basis/logic of proposed package of services and their link to outcomes
  - c) The cost per output(s) is a cost effective investment of City funds, and appears reasonable and attainable

**9.1.4 Measuring Progress: 5 pts.**

- a) Proposes measurable outcomes, measurable indicators of progress for achieving the selected outcomes in narrative and work plan.
- b) Specifies measurement tool and the evidence/logic that it will reliably report progress to selected outcomes.
- c) Describes the process to accurately collect, analyze and report the data of activities, outputs, indicators of progress and outcomes.
- d) Describes the process and schedule for monitoring the quality of project activities, methods and how continuous quality improvement will be incorporated.

**9.1.5 Organizational Capacity: Service Delivery Capabilities: 15 pts.**

Describes how the agency/organization will effectively implement project activities and reach output and outcome goals, and appears reasonable and attainable.

- a) Describes agency resources dedicated to the project, including alignment with current program operations. The budget documents match the description.
- b) Describes collaborative partnerships to support participant success when applicable.
- c) As applicable, collaboration activities are supported with a copy of pertinent MOUs or CWAs with partner agencies.
- d) Describes how proposed services/activities complement existing programs that are/plan to be operated by the Offeror.
- e) Identifies the job title and role of agency staff/contractors that will conduct key activities.
- f) The proposal's attached job descriptions and résumés match the above identified roles that will provide the services and activities
- g) Identifies current staff who fill those positions as applicable.
- h) As applicable, describes how the program will engage clients in major systems such as Medicaid, the Coordinated Entry System (CES), etc.

**9.1.6 Organizational Capacity: Past Performance: 10 pts.**

- a) If the agency has had a contract with the City providing similar services in the past three years, performance will be scored based on program delivery meeting/exceeding output and outcome goals; and the presence/absence of monitoring findings/critical concerns.
- b) If the agency did not have a contract with the City providing similar services in the past three years, prospective ability to deliver on the proposed services will be justified by

demonstration of agency and staff operation/delivery of services and activities similar to those contained the Offer.

**9.1.7 Demonstrates ability to expend City funds in a fiscally responsible manner: 20 pts.**

- a) Budget forms are complete and provide adequate detail to convey the planned expenditure of City funds to support proposed services.
- b) Provides annual agency budget. Provides a clear picture of how requested City funds fit in the overall context of the operating budget for the proposed project and for the agency.
- c) Clearly represents the complementary/leveraged funds that may provide services to a larger population beyond the number that can be served with the requested City funds.
- d) Requested City funds are aligned with the work plan.
- e) Proposed budget allocations for services and staff are reasonable.
- f) Proposed budget for administrative/overhead costs is reasonable and proportional to all funding sources contributing to the project or agency as applicable.
- g) Overall cost per output(s) is reasonable.
- h) Demonstrates appropriate level of financial capacity to meet the Department's *Administrative Requirements* and reporting requirements.
- i) Audit results/financial documentation provide evidence of financial responsibility.
- j) If the Offeror has had a contract with the City in the past three years, the past fiscal performance has met City requirements.

**9.1.8 Preference Points (up to 10% of total): 10 pts.**

**Please note: no preferences shall be applied if federal funds support the Offer.**

Form instructions are found online at: <https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility-final.pdf/view>

And Vendor Preference Point Form is found online at:

<https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility-final.pdf/view>

**9.2 Review Process/Deadlines**

**a. Preliminary Staff Review**

Proposals will be initially reviewed by staff of the Department of Family and Community Services to determine if the proposal is complete and conforms to this RFP. Completeness means that all required forms and attachments are included and comply with the FCS Procurement Rule and *Administrative Requirements*. Conformity means that the proposal has been prepared according to guidelines regarding length, organization, and format as specified in section 8.0 above. Incomplete (as defined in 11.0), nonconforming or late proposals may be deemed unresponsive.

**b. Review Panel**

The Department Director will, in writing, approve the composition of an ad hoc committee (minimum of 3 persons) from the Department of Family and Community Services and may include a representative(s) from affected neighborhoods, constituents, service users and/or citizens that will review all proposals. The proposals will be rated according to the review criteria specified in section 9.1 above. Based on these ratings, the committee will recommend contract awards and amounts to the Director of the Department. A recommendation for award does not constitute an award of contract. The award occurs after a contract is negotiated and Approved by the City.

If, during the review process, additional information is needed regarding a proposal, the Department staff will request such information from the responder. In addition, responders may be interviewed directly as part of the review process. Agencies will be advised of the time and date of such interviews.

During evaluation, proposals submitted shall be kept confidential. The Department will use its best efforts to restrict distribution to those individuals involved in the review and analysis of the proposals, but in any event, the City shall not be liable for disclosure of any information contained in the proposals during the review process. The proposals shall be open to public inspection after award of contract.

### **9.3 Competitive Considerations**

Proposals will be rated according to the review criteria in section 9.1 above. The Department may require responders being considered for an award to participate in interviews or other discussions to explain or verify any aspect of the proposal submitted. The Department reserves the right to reject any or all proposals. The Department may negotiate the terms of any proposal after making a recommendation of award, in order to develop a contract in the best interest of the City or the target population. The Department may award more than one contract per Priority Activity.

### **9.4 RFP Appeals Process**

Responders whose proposals are not selected may submit a written appeal. Letters of Appeal must be submitted and arrive in the office of the Department Director not later than ten (10) working days after receipt of the notice of non-selection. Letters must be specific as to the matter being appealed. Appeals not submitted in writing, not specific in nature, or which arrive late may not be considered. The Department Director's decision concerning the Appeal is final and will be provided within 30 days of receipt of the Appeal letter. Letters must be addressed as follows:

Carol M. Pierce, Director  
Department of Family and Community Services  
City of Albuquerque  
P.O. Box 1293  
Albuquerque, NM 87103

The envelope must clearly indicate:  
**APPEAL, DFCS – Social Services – RFP-DFCS-BHW-19-02**

All Appeals will be responded to by the Department Director in writing.

## **10.0 Submission Process**

### **10.1 Submission Requirements**



Submit one complete original of the proposal, including all required attachments as listed in Section 8.7 Also submit 5 copies of the Project Narrative (8.3 above), Work Program Summary Appendix 7 and budget sections (8.4 above), and any attachments referenced in the narrative.

Both the complete original and 5 copies are required for the proposal to be considered a complete submission. Label the submitted sealed packages **Social Services – RFP-DFCS-BHW-19-02** and as "ORIGINAL" or "COPY" as appropriate. Please paginate and collate. Do not use covers, binders or tabs. Proposals must be received prior to **4:00 p.m. local time, Tuesday, November 26, 2019** at the City of Albuquerque, Office of the City Clerk. Proposals will be date/time stamped by the Office of the City Clerk when they are received. Proposals stamped later than 4:00 p.m. local time, on **Tuesday, November 26, 2019** will be ruled non-responsive to this RFP and will not be considered for award.

The Department recommends that responders hand deliver their proposals, in advance of the deadline to:

Office of the City Clerk  
Plaza del Sol  
600 2nd Street NW  
7th floor  
Albuquerque, NM 87102

If the responder chooses to mail its proposal, certified mail is recommended and it should be sent to the following address:

City of Albuquerque  
Office of the City Clerk  
P.O. Box 1293  
Albuquerque, NM 87103

Sufficient mailing time should be allowed to ensure delivery in advance of the deadline.

## **10.2 Clarification**

Any explanation desired by a responder regarding the meaning or interpretation of this RFP must be requested in writing not less than ten (10) working days prior to the hour and date specified for the receipt of proposals to allow sufficient time for a reply to each responder before the submission of their proposals. All inquiries must be directed Sandra Archuleta, Community Outreach Coordinator, at [saarchuleta@cabq.gov](mailto:saarchuleta@cabq.gov) or fax 505-768-2799. Oral explanations or instructions given before the deadline for receipt of proposals will not be binding. Any information given in writing concerning this RFP will be furnished on the FCS website RFP page at <https://www.cabq.gov/family/partner-resources/request-for-proposals>, if such information is necessary to responders in submitting proposals on this RFP or if the lack of such information would be prejudicial to uninformed responders.

### **10.3 Acknowledgment of Amendments to the Request for Proposal**

Receipt of an amendment to the RFP by a responder must be acknowledged (a) by signing and returning the amendment or (b) by letter. Such acknowledgment must be received prior to the hour and date specified for receipt of proposals and can be submitted as attachment to the Offer. It is the responsibility of the Offeror to stay up to date with any clarifications or amendments to this RFP that may be posted on the Department website - [Request for Proposals Page](#), including addenda and information materials.

### **10.4 Modification**

Proposals may be modified or withdrawn by written notice provided such notice is received prior to the hour and date specified for receipt of proposals.

### **10.5 Budget Forms**

Budget forms can be submitted in Excel format. The Excel forms can be downloaded at <http://www.cabq.gov/family/partner-resources/administrative-requirements>.

## 11.0 PROPOSAL CHECKLIST

Prior to submitting the proposal, Offerors are recommended to use the following checklist to ensure that the proposal contains all elements required for a complete submittal. Attachments in this checklist listed as **Mandatory** are part of the technical review of the Application, and failure to submit mandatory items will result in the Offer being deemed as non-responsive. A second category of **Preferred** items are recommended to be attached but will not result in the Offer's disqualification during the technical review, though, as applicable, items will be required to execute a contract. Appendix numbers refer to the Department of Family & Community Services forms included as attachments to this RFP.

In addition to the mandatory and preferred items listed below, please be sure to provide

- ❑ **Five (5) packets** that each include one hard copy of the following: 1) Project Narrative and any attachments referenced in the narrative, 2) Work Plan, and 3) All Budget Forms (either in Word or Excel).
- ❑ **One (1) separate complete packet** with all other required documents and original 1) Project Narrative and any attachments referenced in the narrative, 2) Work Plan, and 3) All Budget Forms.

### **Mandatory**

- ❑ **Acknowledgment of Amendments to the RFP, if applicable.**
- ❑ **APPENDIX #1: Proposal Summary and Certification Form** completed and signed by an authorized official.
- ❑ **Original Project Narrative.**
- ❑ **APPENDIX #7: Original Applicant Work Program Summary**
- ❑ **Original Budget Forms**
  - ❑ APPENDIX #2: Expense Summary Form
  - ❑ APPENDIX #3: Revenue Summary Form
  - ❑ APPENDIX #4: Project Budget Detail Form -- Personnel
  - ❑ APPENDIX #5: Project Budget Detail Form -- Operating Costs
  - ❑ APPENDIX #6: Budget Detail Form: Projected Drawdown Schedule
- ❑ **Résumés and job descriptions of key personnel for filled and unfilled positions applicable to the proposed project;**
- ❑ **Copy of the organization's most recent audit or applicable financial statement.**
- ❑ **APPENDIX #8: Representations and Certifications**
- ❑ **IRS Certificate of Non-Profit Incorporation**
- ❑ **Offeror's Articles of Incorporation filed with the State of New Mexico**
- ❑ **Copy of current By-Laws.**
- ❑ **Copy of the organization's written accounting policies and procedures, which include**

**procurement procedures.**

- ❑ **Copy of the organization's personnel policies and procedures.**
- ❑ **Copy of the organization's conflict of interest policy.**
- ❑ **APPENDIX #11: Debarment, Suspension, Ineligibility and Exclusion Certification**
- ❑ **APPENDIX #13: Certification of Compliance with Federal Funding Requirements, Refer to Section 1.1 for further information**
- ❑ **APPENDIX #14: *if* seeking preference points: City of Albuquerque Preference Affidavit of Eligibility**

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**Preferred**

Offerors are encouraged to submit the following items. Many of these items will be mandatory to execute a contract if the Offer is selected.

- ❑ **Relevant licenses to operate as a business and conduct proposed activities.**
- ❑ **Listing of current board members.**
- ❑ **Current organizational chart.**
- ❑ **List of references, including name of organization, contact person and telephone number, to verify performance history and customer satisfaction.**
- ❑ **Copy of the organization's travel reimbursement policies if travel funds are requested.**
- ❑ **Certificate of Current Good Standing issued by the State of New Mexico.**
- ❑ **APPENDIX #9: Attachments on File for re-application;**
- ❑ **APPENDIX #10: Drug Free Work Place Requirement Certification Form;**
- ❑ **APPENDIX #12: Certification of Receipt of Administrative Requirements**
- ❑ **APPENDIX #14: Vendor Preference Affidavit of Eligibility, if not applicable**
- ❑ **APPENDIX #15: Modified W-9**
- ❑ **APPENDIX #16: Disclosure of Lobbying Activities**
- ❑ **APPENDIX #17: Pay Equity Reporting Form PE10-249 if applicable**

City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #1: Proposal Summary and Certification Form - *Instructions***

*Instructions for Completing the Proposal Summary and Certification Form*

1. Enter the name of the organization submitting the Application.
2. Enter the mailing address of the organization.
3. Enter the name and telephone number of a contact person from whom information about the proposal can be obtained.
4. Enter the name of the City program from which funding is being requested. The name of the program should be taken from the Request for Proposals.
5. Enter the number assigned to the RFP from the Request for Proposals.
6. Enter the priority number from the Request for Proposals if one is assigned to the area in which the Applicant is seeking funds.
7. Enter the date the proposal is due to be received by the City of Albuquerque from the Request for Proposals.
8. Enter the title of the project for which the Applicant is seeking funds and a brief narrative description of that project. The length of the narrative must be limited to the space available.
9. Enter the total amount of City funding requested in the proposal.

Enter the amount of matching funds to be provided by the Applicant, if matching funds are requested in the Request for Proposal.

City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #1: Proposal Summary and Certification Form**

1. Name of Applicant Organization:		
2. Mailing Address (City, State, and Zip Code)		3. Name and telephone number of contact person
City Program Name (from Request for Proposals):		
RFP Number:  RFP-DFCS-BHW-19-02	Scope of Work:	Due Date:  <b>November 26, 2019</b>
Title of Applicant's Project and Brief Descriptive Summary:		
Amount of City Funding requested:	Matching Funds Amount (if requested):	Date Submitted:
Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all Applicable Federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary Approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation.		
a. Typed Name of Authorized Board Official:	b. Title	c. Telephone Number
Signature of Authorized Board Official		d. Date signed:

**APPENDIX #2: *Instructions for Expense Summary Form***  
**Instructions for Completing Expense Summary Form**  
**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

Expenditure Category

Expenditures charged to Social Services category must conform to the FCS Administrative Requirements, be reasonable, allowable and allocable

Personnel Costs

**Salaries and Wages:** A formula is embedded in the excel worksheet to automatically enter the amounts from Appendix #4. **Manual Calculation:** Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities.

**Payroll and Benefits:** A formula is embedded in the excel worksheet to automatically enter the amounts from Appendix #4. Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment insurance tax. . The amounts charged to the City must constitute an allocable percentage of salaries and wages.

**Total Personnel Costs:** A formula is embedded in the excel worksheet to automatically enter the sums of salaries, wages, payroll taxes, and employee benefits. **Manual Calculation:** provide a subtotal for Personnel costs in this section.

Operating Costs

**Contractual Services:** Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with organizations and individuals who are not regular employees, with the exception of the costs for conducting annual or special audits.

**Audit Costs:** Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract revenue is of the total agency revenue budget.

**Consumable Supplies:** Enter the amount budgeted to pay the costs of supplies and equipment utilized by the project which have a price which does not exceed \$5,000 per unit.

**Telephone:** Enter the amount budgeted to pay for the costs of project telephone services, including installation, local service, and long-distance tolls.

**Postage and Shipping:** Enter the amount budgeted for project postage and shipping.

Occupancy

**Rent:** Enter the amount budgeted for space lease/rental costs allocable to the project.

**Utilities:** Enter the amount budgeted for the cost of project allocable electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space.

Other: Enter the amount budgeted for other project allocable occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding \$5,000, and related occupancy costs not otherwise included in rental or other charges for space.

Equipment Lease: Enter the amounts budgeted for the purchase or lease of equipment allocable to the project

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project that is allocable to the project.

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project- printed materials, including the cost of photo-reproduction that is allocable to the project.

#### Travel Costs

Local Travel: Enter the amount budgeted for the costs of project travel within Bernalillo County, including costs for mileage reimbursement and/or allocable operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County that is allocable to the project.

Out-of-Town Travel: Enter the amount budgeted for the costs of project travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business allocable to the project.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences allocable to the project or for the costs of meetings conducted by the agency in connection with that contract.

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients funded in this project.

Membership Dues: Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to professional organization related to the purposes of the project.

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings allocable to the project, the cost of which exceeds \$5,000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to Administrative Requirements

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding, allocable to the project.



Fuel and Vehicle Maintenance: Enter the amount budgeted to pay for fuel and maintenance not covered under local travel, i.e. fuel for a bus.

Total Operating Costs: A formula is embedded in the excel worksheet to sum the total. Manual calculation: Enter the sum of all line items under operating costs.

Total Direct Costs: A formula is embedded in the excel worksheet to sum the Total Personnel Costs and Total Operating Costs. Manual calculation: Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs for the project. Costs charged to Indirect must conform to Administrative Requirements

Total Program Expenses: A formula is embedded in the excel worksheet to sum the total of Direct and Indirect Costs. Manual calculation: sum the Direct and Indirect Costs.

Percent Requested: A formula is embedded in the excel worksheet to calculate the Percent Requested. Manual Calculation: Divide City Funding Request in Column C by Project Total in Column B for each individual row. Display as a percentage with one decimal point (e.g. 33.3%).

## APPENDIX #2: Expense Summary Form in *Word*

1. Applicant Agency:

2. Project Title:

Expenditure Category	Program Total	City Funding Requested	Percent Requested
<b>Personnel Costs</b>			
Salaries & Wages			
Payroll Taxes and Employee Benefits			
<b>Total Personnel Costs</b>			
<b>Operating Costs - Direct</b>			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equipment Lease			
Equipment Maintenance			
Printing & Publications			
Travel			
a. Local Travel			
b. Out of Town Travel			
Conferences, Meetings, Etc.			
Direct Assistance to Beneficiaries			
Membership Dues			
Equipment, Land, Buildings			
Insurance			
Fuel and Vehicle Maintenance			
<b>Total Operating Costs</b>			
<b>Total Direct Costs (Personnel &amp; Operating)</b>			
Indirect Costs (       %; attach Rate Letter)			
<b>TOTAL PROGRAM EXPENSES</b>			

**APPENDIX #3: *Instructions for Revenue Summary Form***  
**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column "Revenue Source."

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed "Agency Total,"

A formula is embedded in the excel worksheet to calculate the "Percent of Agency Budget" subtotals and totals. Manual Calculation: Divide the Subtotal in Row 44, Row 48 and Row 53 in Column B by the Total in Row 54 in Column B. Display as a percentage with one decimal point (e.g. 33.3%).

Insert lines as needed being careful to check that formulas include the values entered in the additional lines.

Definitions:

Government Revenues

Fees from Government Agencies are funds paid to the Agency by a unit of Federal, State or local government for goods or services provided as a contractor other than Medicaid.

Grants from Government Agencies are funds paid to the agency as a recipient or sub-recipient by a unit of Federal, State or local government other than Medicaid.

[2 CFR Section 200.300 Subrecipient and contractor determinations sets forth the considerations in determining whether payments constitute a Federal award or a payment for goods or services provided as a contractor.]

Medicaid Reimbursements are funds paid to the agency as a result of billing Medicaid for reimbursable expenses for services to eligible clients.

Revenues from State Government: List each State Government Agency providing funding and the amount of funding in the fiscal year of this contract.

Fees from State Government Agencies: List each State Government Agency paying fees and the amount of projected fee income in the fiscal year of this contract.

Total Revenues from County Government: List each funded project on a separate line

Total Revenues from City Government: List each funded project on a separate line

Total Revenues from Government Sources: Formula is embedded. Manual calculation is a total of all federal, state and local funds.

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central New Mexico.

**APPENDIX #3: Revenue Summary Form in Word**

**1. Applicant Agency:**

**2. Proposal Title:**

Revenue Source	Agency Total	% of Agency Budget
<b>Government Revenues</b>		
<b>Revenues from Federal Government other than Medicaid Reimbursement. (List each Agency of the Federal Government)</b>		
<b>Fees from Federal Government Agencies:</b>		
<b>Grants from Federal Government Agencies:</b>		
<b>Medicaid Reimbursements</b>		
<b>Subtotal Federal Agencies</b>		
<b>Revenues from State Government (List each Agency of the State Government providing funding and the amount of funding)</b>		
<b>Subtotal State Agencies</b>		
<b>Revenues from County Government</b>		
<b>Revenues from the City of Albuquerque</b>		
<b>Other Municipal Government Revenues</b>		
<b>TOTAL GOVERNMENT REVENUES FROM ALL SOURCES</b>		
<b>Other Revenue:</b>		
<b>Contributions</b>		
<b>United Way Revenue</b>		
<b>Other Revenue</b>		
<b>TOTAL OTHER REVENUES</b>		
<b>TOTAL REVENUES:</b>		

**APPENDIX #4: Instructions for Program Budget Detail Form – Personnel Expenses**  
**Submit this form in EITHER Word (next page) OR Excel in Separate Attachment**

*Section 1.* Enter the name of the agency submitting the proposal.

*Section 2.* Enter the project title as shown on the Proposal Summary and Certification form.

*Section 3. Use one line per staff member to list each individual staff working on the project.*  
 (Note that previous forms may have allowed more than one FTE per line). The following illustration is provided for guidance purposes to clarify instructions.

Sample Illustration

FTE on Program	Position Title	Annual Salary	Amount Requested	Percent Requested
1.0	Case Manager	\$40,000	\$20,000	50%
This individual is dedicated to our agency's program, however their salary is covered 50% by the City and 50% by other funding sources.				
.50	Case Manager	\$40,000	\$20,000	100%
This individual is split between this and another program. Their half time on this program is covered 50% by the City and 50% by another funding source.				
.50	Case Manager	\$20,000	\$20,000	100%
This individual works half time. They dedicate their time to this program, and the agency seeks 100% coverage by City funds – no other funding sources				

- ☐ For the column labeled “Number FTE on Project”, use one line per staff member to list each individual staff working on the project, regardless of funding source (e.g., if an FTE will spend half time on this City-funded project, insert .50).
- ☐ For the column labeled “Position Title,” give the title of each position working on this project.
- ☐ For the column labeled “Annual Salary,” enter the annual salary for the individual position (a change from previous forms that may have included multiple FTEs).
- ☐ For the column labeled “Amount Requested,” enter the amount of funding requested from the City for the individual positions.
- ☐ For the column “Percent Requested,” calculate by dividing the Amount Requested by the Annual Salary for this position.

*Section 4.* Provide a sum of the columns for “Salaries Dedicated to This Project” and the “Amount Requested from the City”. For the column “Percent Requested”, calculate the percent requested by dividing the amount requested from the total salaries dedicated to this project.

*Section 5.* Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled “Annual Salary,” the “Amount Requested” from the City, and the percent of the total to be charged to the City.

*Section 6.* Enter the sum of the lines 4 and 5 in the column's labeled “Annual Salary,” and “Amount Requested.” Enter the percentage of the total amount to be charged to the City.

*Section 7.* Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits

City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #4: Project Budget Detail Form – Personnel**  
Page 1 of \_\_\_\_\_

1. Agency Name:

2. Project Title:

Personnel costs: Use this form to identify all salaries, wages, payroll taxes and fringe benefits shown on the Expense Summary Form. Add additional rows as necessary.

Number FTE on Project	Position Title	Annual Salary	Amount Requested	Percent Requeste d
4. Salaries & Wages				
5. Payroll Taxes & Employee Benefits*				
6. Total Personnel Costs				

7. \*Payroll Taxes: FICA@\_\_\_\_\_%; Unemployment Insurance @\_\_\_\_\_%;  
Employee Benefits: Health Insurance @\_\_\_\_\_%; Retirement@\_\_\_\_\_%;  
Other\_\_\_\_\_@\_\_\_\_\_%

**APPENDIX #5: Instructions for Program Budget Detail Form – Operating Expenses**  
**Submit this form in EITHER Word (next page) OR Excel in Separate Attachment**

1. Enter the name of the agency.
2. Enter the program title.
3. For each operating cost line item on the Expense Summary Form [APPENDIX #2](#) Describe all elements included in the line item costs and indicate the basis used for determining the costs in the first column.

In the column headed “Program Total,” enter the agency total program costs of the line item.  
 In the column headed “Amount Requested,” enter the amount requested from the City.  
 In the column headed “Amount Other,” enter the amount to be paid from other sources.  
 In the column headed “Percent Requested,” enter the percent of the total program expenditures requested from the City.

An illustration is provided below for guidance purposes:

	<b>Program Total</b>	<b>Amount Requested</b>	<b>Amount Other</b>	<b>Percent Requested</b>
<b>Contractual Services</b>				
Contractor #1: 50% of Contractor 1 costs at \$150 per month for 12 months	\$900	\$450	\$450	50%
<b>Travel</b>				
Local Travel: 150 of miles/month * \$0.58/per mile * 12 months	\$1,044	\$1,044	\$0	100%
<b>Direct Assistance to Beneficiaries</b>				
Rental assistance for 50 clients at \$700 per month for 12 months	\$420,000	\$315,000	\$105,000	75%

- **If cost is allocated, provide the allocation plan.**
- **For indirect cost line item, provide an explanation of basis for the indirect cost or an approved cost rate letter from cognizant Federal agency.**
- **Add rows and use additional sheets as necessary.**

## APPENDIX #5: Program Budget Detail Form – Operating Expenses – in Word

**1. Applicant Agency:**

**2. Proposal Title:**

**3. Direct and Indirect Costs:**

<b>Line Item and Basis (Non-Personnel)</b> <b>List all costs and assumptions in this area</b>	<b>Program Total</b>	<b>Amount Requested</b>	<b>Amount Other</b>	<b>Percent Requested</b>
<b>Contractual Services</b>				
<b>Total Contractual Services</b>				
<b>Audit Costs</b>				
<b>Consumable Supplies</b>				
<b>Telephone</b>				
<b>Postage and Shipping</b>				
<b>Occupancy</b>				
a. Rent				
b. Utilities				
c. Other				
<b>Equipment Lease/Purchase</b>				
<b>Equipment Maintenance</b>				



<b>Printing &amp; Publications</b>				
<b>Travel</b>				
<b>Conferences, Meetings, Etc.</b>				
<b>Direct Assistance to Beneficiaries</b>				
<b>Membership Dues</b>				
<b>Equipment, Land, Buildings</b>				
<b>Insurance</b>				
<b>Fuel and Vehicle Maintenance</b>				
<b>Total Operating</b>				

(Add rows and use additional sheets if necessary)

- ☐ **As applicable, attach cost allocation plan**
- ☐ **As applicable, attach explanation of basis for each indirect cost or an approved cost rate letter from cognizant Federal agency.**

**APPENDIX #6: Instructions for Budget Detail Form: Projected Drawdown Schedule**  
**Submit this form in EITHER Word (next page) OR Excel (online form)**

The applicant must estimate the amount and percent of City funding it anticipates expending during each quarter of the fiscal year and the unit rate (if applicable).

1. Enter the appropriate Quarter Ending dates (e.g., September 30, December 31, March 31, June 30).
2. For each of the quarterly periods indicated, enter the amount of City funding the agency projects expending in the column headed "Amount to be Requested."
3. In the column headed "Percent of Total," enter the percentage of all City funds projected to be expended during the quarter.

If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

4. As applicable, if reimbursement will be based on a unit rate, identify the per unit reimbursement rate for services to be provided, the unit basis (unduplicated client, hour, etc.) and the proposed number of annual units. Rate shall include any applicable taxes and shall constitute full and complete compensation for the successful applicant's services under this proposal.

If separate rates are required for services based on factors such as service location, service type or other factors, please provide a list of specific rates, one individual rate at a time, and explain in the Rate Justification section (5).

5. As applicable, if a reimbursement will be based on a unit rate, provide a rate justification. The intent of the justification is to tie together the budget with program activities and outcomes. To accomplish this, applicants should identify the basis used in establishing the reimbursement rate in context of the proposed services. Include the rationale used in developing cost components noted on the required budget forms. Additionally, indicate how the proposed reimbursement rate is necessary and reasonable to accomplish the program proposed in the narrative.

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**APPENDIX #6: Budget Detail Form: Projected Drawdown Schedule**

1. Applicant Agency:

2. Proposal Title:

3. Amount and percent of total requested funds on a quarterly basis:

Quarter Ending	Amount to be Requested	Percent of Total

Explanation if any projected drawdowns exceed 25% of the total requested funds:

--

4. As applicable: Reimbursement Rate – only applicable to *unit of service* contracts:

Rate: \$\_\_\_\_\_per\_\_\_\_\_ (hour, client, etc.)

Annual units: \_\_\_\_\_

5. As applicable: Rate Justification – only applicable to *unit of service* contracts:

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #7: Applicant Work Plan Summary - Instructions**

**The Work Plan requires activities to be aligned with outcomes and outputs must be specific and related to achieving the outcomes.**

1. Enter the name of the agency.
2. Enter the project title, from the Proposal Summary and Certification form.
3. If the work summary is submitted as part of an initial Application (e.g. RFP Offer), check the box marked “new”; if it is submitted as a contract renewal application, check the box “renewal”; if it is submitted as part of a request for work program revision, check the box marked “revision.”
4. Project Description: Please enter a brief description of the proposed services
5. Measurable Results:
  - A. Under the column headed “Major Project Services and Activities”: enter the major activities/sub-activities to be undertaken through the project.
  - B. Under “Timeframe”: enter the quarters in the fiscal year that these activities will be performed / services will be provided
  - C. Under “Outputs”: For each listed activity, enter the measurable outputs of the task in the column headed “Outputs from Requested City Funds” with the number of people served/service units that match the requested City funding level and proposed budget allocation in Appendix #5. The expectation is that funding of service outputs are directly associated with the budget allocation and must not reflect funding from multiple sources per output.

Please separate different outputs associated with an activity in different rows.
  - D. Under “Measurable Outcomes”: insert the applicable measurable outcomes from Section 4.0.

Multiple outcomes associated with an activity may be listed in one row.
  - E. Under “Outcome Progress Indicator”: insert a measurable indicator from Section 4.0 or other applicable, measurable indicators of progress to achieve outcomes.
  - F. Under “Measurement Tool”, enter the method /name of measurement tool you will use to collect data to report on outputs and progress to outcomes.

Applicants should not try to include every project activity, but should restrict entries to major activities for which measurable outputs and outcomes can be provided and for which they will be accountable if a contract is awarded.

Applicants may format the work plan in landscape orientation to improve readability and add additional pages as needed.

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #7: Applicant Work Plan Summary**

1. Agency Name:					
2. Project Title			3. Applicant Type <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revised		
4. Project Description:					
5. Measurable Results: List the major project tasks/activities, the outputs for each that will be associated with City funds only, outcomes, outcome indicators and measurement tools					
Major Project Services/ Activities	Timeframe	Outputs from Requested City Funds	Outcomes	Outcome Progress Indicator	Measurement Tool(s)

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(Format as Landscape and use additional sheets as necessary)

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #8: Representations and Certifications**

The undersigned HEREBY GIVE ASSURANCE THAT:

The Applicant agency named below will comply and act in accordance with all federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

That the Applicant agency named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

That no funds awarded as a result of this request will be used for sectarian religious purposes, as specified in the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services*, § 10 (E)(2), that: (a) there shall be no religious test for admission for services; (b) there shall be no requirement for attendance of religious services; (c) there shall be no inquiry as to a client's religious preference or affiliations; (d) there shall be no proselytizing; and (e) services provided shall be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Agency Name\_\_\_\_\_

Typed Name of Authorized Board Official:\_\_\_\_\_

Title:\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #9: Attachments on File**

Instructions: If an Applicant has received a social services contract from the Department of Family and Community Services within the past 12 months and submitted the required attachments, it is not necessary to resubmit the attachments if there has been no change in the information requested. If the documents currently on file with the City remain current, check the box marked current. If there has been any change in status of documents currently on file (e.g. changes in board members, organizational structure, etc.) check the box marked “Revised Attached” and submit the revised document with the project proposal.

Document	Current		Revised Attached
Certificate of Non-Profit Incorporation	<input type="checkbox"/>		<input type="checkbox"/>
Articles of Incorporation	<input type="checkbox"/>		<input type="checkbox"/>
Current By-Laws	<input type="checkbox"/>		<input type="checkbox"/>
Applicable Licenses	<input type="checkbox"/>		<input type="checkbox"/>
Listing of Current Board Members	<input type="checkbox"/>		<input type="checkbox"/>
Current Organization Chart	<input type="checkbox"/>		<input type="checkbox"/>
Travel Reimbursement Policies (if Applicable)	<input type="checkbox"/>		<input type="checkbox"/>
Accounting Policies and Procedures	<input type="checkbox"/>		<input type="checkbox"/>
Personnel Policies and Procedures	<input type="checkbox"/>		<input type="checkbox"/>
Conflict of Interest Statement	<input type="checkbox"/>		<input type="checkbox"/>
New Mexico Certificate of Good Standing	<input type="checkbox"/>		<input type="checkbox"/>
Job Descriptions / Résumés of Key Personnel	<input type="checkbox"/>		<input type="checkbox"/>
Agency’s Most Recent Audit	<input type="checkbox"/>		<input type="checkbox"/>

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #10: Drug Free Workplace Requirement Certification Form**

The agency certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace, and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing a drug-free awareness program to inform employees of:
  - a. The dangers of drug abuse in the workplace;
  - b. The agency's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency's drug-free workplace statement.
4. Notifying each employer that as a condition of employment under the City's agreement, that employee will:
  - a. Abide by the terms of the agency's drug-free workplace statement, and
  - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.
5. Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.
6. Taking one of the following actions within thirty (30) days of receiving notice of an employee's drug statute conviction for a violation occurring in the workplace:
  - a. Taking appropriate personnel action against such an employee, up to and including termination; or
  - b. Requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.
8. The agency also certifies that the agency's drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque.  
Such locations are identified as follows:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Typed Name of Authorized board Official: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Board Official

\_\_\_\_\_  
Date Signed



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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #11: Debarment, Suspension, Ineligibility and Exclusion  
Certification**

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family and Community Services will be notified immediately.

Agency:\_\_\_\_\_

Typed Name of Authorized Board Official

Title:

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Board Official

Date Signed:

\_\_\_\_\_

\_\_\_\_\_

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #12: Certification of Receipt of *Administrative Requirements***

The undersigned HEREBY CERTIFY THAT:

1. The agency/organization has received and reviewed a copy of the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, as revised and effective July 1, 2019*; and
2. The agency/organization named below will adhere to these *Administrative Requirements* in its operation of City-funded programs; and
3. The *Administrative Requirements* are shared and accessible to all relevant staff.

Agency/Organization Name: \_\_\_\_\_

\_\_\_\_\_  
Typed Name of Authorized Board Official

\_\_\_\_\_  
Typed Name of Executive Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #13: Certification of Compliance with Federal Funding Requirements**

The undersigned HEREBY GIVE ASSURANCE THAT:

If the percentage of federal funds that makes up the total program or project costs is greater than 0%, the Applicant agency named below will specifically comply and act in accordance with all applicable federal law governing programs receiving federal funds, including but not necessarily limited to:

1. Age Discrimination Act of 1975, prohibiting discrimination on the basis of age. 45 CFR Part 91.
2. Civil Rights Act of 1964 (Title VI), providing that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination. 45 CFR Part 80.
3. Education Amendments of 1972 (Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686), providing that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity. 45 CFR Part 86.
4. Rehabilitation Act of 1973 (Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, providing that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination.
5. USA Patriot Act (amending 18 U.S.C. 175-175c), prescribing criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. "Restricted persons," as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent.
6. Public Health Security and Bioterrorism Preparedness and Response Act, provides protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the US homeland, or other criminal act. 42 U.S.C. 262a; 42 CFR Part 73.
7. Controlled Substances Act provides that grantees are prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by Section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the recipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
8. Limited English Proficiency. Recipients of federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. Title VI of the Civil Rights Act of 1964.
9. Construction-Related Requirements
  - a. Architectural Barriers Act of 1968 (as amended 42 U.S.C. 4151 et seq.) sets forth requirements to make facilities accessible to, and usable by, the physically handicapped and include minimum design standards. All new facilities designed or constructed with HHS grant support must comply with these requirements. 41 CFR 102-76; 36 CFR 1191.
  - b. Clean Air and Clean Water Act provides for the protection and enhancement of the quality of the nation's air resources to promote public health and welfare and for restoring and maintaining the chemical, physical, and biological integrity of the nation's waters. 42 U.S.C. 7606 and EO 11738.
  - c. Safe Drinking Water Act provides for the protection of underground sources of drinking water that have an aquifer, which is the sole source of drinking water. No grant may be entered into for any project that the EPA Administrator determines may contaminate such aquifer.

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10. Health, Safety, and Related Requirements

- a. HHS funds may not be spent for an abortion.
- b. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- c. Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's OCR and is codified at 45 CFR Parts 160 and 164. The Privacy Rule applies only to covered entities.
- d. Confidentiality of Patient/Client Records. Section 543 of the PHS Act, 42 U.S.C. 290dd-2, requires that records of substance abuse patients be kept confidential except under specified circumstances and purposes. The covered records are those that include the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research that is conducted, regulated or directly or indirectly assisted by any department or agency of the United States. 42 CFR Part 2.
- e. Drug Free Workplace Act of 1988, requires that all organizations receiving grants from any federal agency agree to maintain a drug free workplace. The recipient must notify the awarding office if any employee of the recipient is convicted of violating a criminal drug statute. 42 U.S.C. 701 et seq.; 45 CFR Part 82.
- f. Pro-Children Act imposes restrictions on smoking in facilities where federally funded children's services are provided. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development. 20 U.S.C. 7183.

Agency Name \_\_\_\_\_

Typed Name of Authorized Board Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #14: Vendor Preference Form and Instructions**

<https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility.pdf/@download/file/vendor-preference-affidavit-of-eligibility.pdf>

**Instructions for PREFERENCE CERTIFICATION FORM**

**For City Local, Small, or Pay Equity Preferences and/or State Resident Business and Veteran Preferences (Goods & Services)**

**ALL INFORMATION MUST BE PROVIDED.** A 5% Small Business Preference, a 5% Local Business Preference, a 5% State Resident Business Preference, a 5% Pay Equity Preference and/or a 5% State Resident Veteran Business Preference (collectively the latter two, “State Preference”) are available for this procurement. To qualify, an Offeror **MUST** complete and submit this Preference Certification Form **WITH ITS PROPOSAL**. For a Pay Equity Preference, the City Pay Equity Business Certificate **MUST** be attached. For State Preference the New Mexico State certification of eligibility **MUST** be attached. If a Proposal is received without this Preference Certification Form and any required certifications attached, completed, signed and certified, or if this Preference Certification Form is received without the required information, the preference shall not be applied. **NO FORM SHALL BE ACCEPTED AFTER THE DEADLINE FOR RECEIPT OF BIDS OR PROPOSALS.**

**PHYSICAL LOCATION MUST BE STATED.** To qualify for the Small business or Local Business Preference, a business must have its principal office and place of business in the Greater Albuquerque Metropolitan Area. The business location identified on the Preference Certification Form must be a physical location, street address or such. **DO NOT** use a post office box or other postal address.

**PREFERENCE CERTIFICATION FORM MUST BE COMPLETED BY PRINCIPAL OFFEROR.** This Preference Certification Form must be completed for the Principal Offeror, or one of the Principal Offerors if the Offeror is a joint venture or partnership, or by an individual authorized to sign for the Offeror. Subcontractors of the Offeror shall not be used to qualify a Proposal for a preference and should not complete or submit the Form.

**APPLICATION OF PREFERENCES.** The State Resident Business Preference or State Resident Veteran Business Preference shall be applied to any Proposals submitted that include a valid, State of New Mexico-issued, Resident Business or Resident Veteran Business Certification Number. The Small Business Preference, and the Local Business Preference shall be applied to all Proposals submitted by eligible small businesses. The local preference only will be applied to all Proposals submitted by eligible local businesses which are not small businesses. The Pay Equity Preference shall be applied to all Proposals submitted that include a City Pay Equity Business Certificate. The total percentage of all preferences awarded shall not exceed ten percent (10%).

**DEFINITIONS.** The following definitions apply:

- The Greater Albuquerque Metropolitan Area includes all locations within the City of Albuquerque and Bernalillo County.
- A Local Business is a business with its Principal Office and Place of Business in the Greater Albuquerque Metropolitan Area.
- A Small Business is a Local Business that employs an average of fewer than fifty (50) full-time employees in a calendar year. The calendar year immediately prior to the request for the preference should be used.
- A Principal Office is the headquarters, main or home office of the business as identified in tax returns, business licenses and other official business documents.
- A Place of Business a business’ location in the Greater Albuquerque Metropolitan Areas that is staffed and open to the public on a regular basis.
- A full-time employee is an employee of the business who is hired to work at least forty (40) hours per week, whether in a permanent, temporary or seasonal status. If all full-time employees of the business are hired to work a shorter work week, the Chief Procurement Officer may reduce this requirement, upon receipt of adequate documentation.
- Pay Equity Preference shall be applicable as provided in City Ordinance 5-5-31 (as amended by C/S O-17-33).
- State Resident Business and State Resident Veteran Business shall be applicable as provided in 13-1-21 NMSA 1978.

**ADDITIONAL DOCUMENTATION.** If requested, a business shall provide, within three (3) working days of receipt of the request, documentation to substantiate the information provided on the Preference Certification Form. The Chief Procurement Officer shall determine the sufficiency of such documentation.

**NO PREFERENCES SHALL BE APPLIED IF FEDERAL FUNDS ARE USED.**



**APPENDIX #15: FOR DEMONSTRATION PURPOSE ONLY. DOWNLOAD**

**SECTION 1: CONTACT INFORMATION AND TAXPAYER IDENTIFICATION NUMBER**

**NAME** (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**BUSINESS NAME/ disregarded entity name, if different from above.**

**PRIMARY ADDRESS** (number, street, and apt or suite no)

**REMITTANCE ADDRESS** (number, street, and apt or suite no)

**CITY, STATE, and ZIP CODE**

**REMITTANCE CITY, STATE, and ZIP CODE**

**PHONE**

**EMAIL ADDRESS**

**SOCIAL SECURITY NUMBER**

**OR**

**EMPLOYER IDENTIFICATION NUMBER**

**New Mexico CRS TAX ID (if applicable)**

**TAX CLASSIFICATION** (check only one)

INDIVIDUAL/SOLE PROPRIETOR or single-member LLC ☐ C CORPORATION ☐ S CORPORATION ☐

PARTNERSHIP ☐

LIMITED LIABILITY COMPANY ☐ Enter the tax classification: C=C Corporation, S=S Corporation, P=Partnership

Note: For a single-member LLC that is disregarded, do not check C, S, or P; check the appropriate box in the line above for the tax classification of the single-member owner.

501(C)(3)/NON-PROFIT ORGANIZATION ☐

OTHER (SEE INSTRUCTIONS) ☐

**EXEMPTIONS** (codes apply to certain entities, not individuals; see instructions)

EXEMPT PAYEE CODE (if any) \_\_\_\_\_

EXEMPTION FROM FATCA REPORTING CODE (if any) \_\_\_\_\_

**SECTION 2: CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.**

**SIGNATURE of U.S. person**

**DATE**

**PRINT NAME**

**TITLE**

**SECTION 3: BUSINESS DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY)**

**Local Business** - Maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County) and ownership resides 51% here.

**Doing Business Locally** - Does not maintain its principal office here, but maintains a storefront in the Greater Albuquerque Area and employs one or more Albuquerque residents.

**Woman Owned Business** - at least 51% owned and controlled by one or more women, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women.

**MBE** - Minority Business Enterprise Owned (at least 51% owned and controlled by one or more racial/ethnic minorities or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more minorities).

**None of the Categories Apply**

**Not a local business**

If your business is minority owned, please specify the race/ethnicity of minority owner(s). Check all that apply:

American Indian or Alaska Native

Asian

Black or African American

Hispanic

Native Hawaiian or Other Pacific Islander

Two or more races

White

**PURCHASE ORDERS (COMPLETE ONLY IF YOU ACCEPT POs)**

**INVOICE SUBMISSION**

☐ Electronic – Transcepta

☐ Electronic - Email

Provide a "Remit to" Email Address:

Provide an "Order From" Email Address:

**PO (Contact Information, Full Name and Position)**

**Form is provided for information purposes only. Please download and fill out the form at this website:**

<https://www.cabq.gov/dfa/documents/modified-w9-supplier-form-2018.pdf>

### **Section 1- Supplier Information**

Information on how to fill-out Section 1 can be found at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

### **Section 2 – Business Demographics**

- A. Select all for which the business has self-certified or for which it believes it is eligible.
- B. The Greater Albuquerque Metropolitan Area includes all locations within the City of Albuquerque and Bernalillo County.
- C. A local business is a business with its principal office and place of business in the Greater Albuquerque Metropolitan Area.
- D. A principal office is the main or home office of the business as identified in tax returns, business licenses and other official business documents.
- E. A place of business is a location where the business conducts its daily operations, for the general public, if applicable.
- F. Minority is defined to include Hispanic Americans, Black Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, Female, or belonging to groups found to be economically and socially disadvantaged by the U.S. Small Business Administration.

The State of New Mexico and the U.S. Federal Government have their own certification programs. State of New Mexico Certifications Include: State Resident Business; State Resident Contractor; Resident Veteran Business; and Resident Veteran Contractor. More information can be found at:

<http://www.tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx>

Federal Certifications include: SBE (Small Business Enterprise with SBA); MBE (Minority Business Enterprise); WBE (Women Business Enterprise); VOSB (Veteran-Owned Small Business). More information can be found at: [www.sba.gov](http://www.sba.gov)

### **Section 3- Purchase Order Acceptance**

- A. To obtain purchase orders and procurement contracts electronically, suppliers must provide a current e-mail address.
- B. Transcepta, is an electronic purchase order and invoicing system that delivers purchase orders from the City to suppliers and in turn, receives inbound invoices, purchase order acknowledgements and advance shipping notices from City suppliers. Transcepta also provides a portal for suppliers to check document processing. To participate in Transcepta follow the instructions at <http://connect.transcepta.com/abq/>

## APPENDIX #16: Disclosure of Lobbying Activities (*Instructions*)

### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #16: Disclosure of Lobbying Activities**  
**FILLABLE PDF CAN BE DOWNLOADED AT**  
<https://www.gsa.gov/Forms/TrackForm/33144>

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

City of Albuquerque  
Department of Family and Community Services  
**APPENDIX #17: Pay Equity Reporting Form PE10-249**  
**Download Form and Instructions:** <https://www.cabq.gov/womens-pay-equity-task-force>

**Pay Equity Reporting Form PE10-249, Version 03-2018**

Company name:   
Mailing address line 1:   
Mailing address line 2:   
City, state, zip code:   
Phone:   
E-mail address:   
FEIN number:   
EAN number:   
SUPPLIER ID:

Job Category	No. Females	No. Males	Gap (Absolute %)
1.1 Exec/Senior Level Officials/Mgrs	0	0	N/A
1.2 First/Mid Level Officials/Mgrs	0	0	N/A
2 - Professionals	0	0	
3 - Technicians	0	0	
4 - Sales Workers	0	0	
5 - Office and Admin. Support	0	0	
6 - Craft Workers (Skilled)	0	0	
7 - Operatives (Semi-Skilled)	0	0	
8 - Laborers (Unskilled)	0	0	
9 - Service Workers	0	0	

Total # Job Categories With No Employees

Total # Female Only Job Categories

Total # Male Only Job Categories

Total # Females (all categories)

Total # Full Time Females

Total # Part Time Females

Total # Males (all categories)

Total # Full Time Males

Total # Part Time Males

Total # Employees

Female % Workforce

Male % Workforce

Calculated Weighted Average Gap

N/A

Must be signed by the principal executive of the company:

RFP#:

Signature certifies that all employees working in New Mexico are included, the data is for the current calendar year, and any challenges to your information may require you to get third party verification at your own expense.

\_\_\_\_\_  
Name and title, printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date submitted

Download Form and Instructions at:  
<https://www.cabq.gov/womens-pay-equity-task-force>

Submit only this form